Alameda County Health

2024 Community Provider Advisory Group

Priorities & Guiding Principles to Navigate a Shifting Landscape

December 2024

Contents

Background

Alameda County Supervisor Keith Carson and Alameda County Health Director Colleen Chawla convened the Alameda County Health Community Provider Advisory Group (CPAG) for a series of strategic conversations between July and October 2024. CPAG members included leaders and partners from community-based organizations offering services and supports across public health, behavioral health, justice-involvement, and housing and homelessness, alongside Alameda County Health leaders. *See list of CPAG Members in Appendix D*.

Against the backdrop of a rapidly evolving safety net and multiple competing priorities, the CPAG was charged with developing guiding principles for the group's work together, and to identify system priorities to support future planning and investment.

Over the course of five meetings, the group discussed major state and local systems change initiatives and related impacts for community health, behavioral health, and homelessness. Presentations from Alameda County Health (AC Health) teams and CPAG members highlighted emerging issues, promising practices, and planning processes underway in community health, behavioral health, and homelessness. Group discussion surfaced shared pain points, priorities, and opportunities for collaboration as the collective system navigates change.

The report briefly summarizes the work of the CPAG and includes several appendices with additional detail. All meeting presentations and materials can be found on website.

Guiding Principles

To guide the group conversations, planning, and priority setting, the group agreed to:

1. ***Prioritize equitable care*** to recognize Alameda County's diverse communities and reduce health disparities
2. ***Identify shared goals and coordination*** to guide priority setting
3. ***Keep a systemwide perspective*** to avoid individual member or organizational biases and conflicts of interest

Key Findings and Priorities

The Community Provider Advisory Group found value in sharing information and building connections across health sectors, with recurrent discussion themes emerging across the following **priority areas**:

Across the meetings, the CPAG found that:

- **Changing state/federal policies and reimbursement** are pushing the system to connect dots across organizations and sectors. Payors and providers are all being asked to deliver more with fewer resources.
- An increasingly interconnected landscape brings intertwined **opportunities and challenges**:
    - Increased collaboration improves access to care and continuity of care for clients
    - Collaboration is hindered by antiquated infrastructure and disjointed systems
    - Limited resources (people, time, infrastructure, funding) to do increased work
    - Persistent challenges with recruiting, training, and retaining workforce
    - Balancing timely knowledge sharing and transparency while meeting tight implementation deadlines
    - High administrative burden to administer contracts and/or bill Medi-Cal, especially for smaller community-based organizations
- A focus on shared communities and clients requires **new ways of working together and ongoing touchpoints.**

During the last meeting, CPAG members identified potential ideas that could help to advance the systemwide priorities identified above. Among the long list of ideas, the following received the most votes as high priority over the next three to five years:

- Develop a **multi-sector effort committed to eliminating specific health disparities** (ex: homelessness, Substance Use Disorder, and focus on African American/Black health)

- Create a system and process to enable easy **cross-sector referrals** for clients
- Implement countywide strategies to **support workforce recruitment and retention**, including increasing wages, insurance subsidies, wellness incentives, and opportunities for training and advancement
- Leverage **shared infrastructure and cross-system applications** to streamline data entry, Medi-Cal billing, care coordination, and prioritize client privacy
- Develop more **streamlined reporting and contract coordination** across Alameda County Health

See details in Appendix C.

Meeting Summaries

Each CPAG meeting included presentations and discussion. Presentations included key background information about recent policy initiatives, organizational structure, and recommended action steps. Each meeting had a focus, though discussions included conversations across topics given the interconnected nature of serving our clients.

Meeting 1 – Overview

The first CPAG meeting opened with a presentation by Alameda County Health Director Colleen Chawla and Deputy Director Aneeka Chaudhry on the background of CPAG and Alameda County safety net, including Medi-Cal enrollment, homelessness, and the HealthPAC program. They provided information on the increasing Medi-Cal enrollment in the County over the past 10 years, the increasing number of people living on the streets, and decreased HealthPAC enrollment. Most residents served by Medi-Cal and HealthPAC are people of color, with Medi-Cal having significant Black and Latinx enrollees and HealthPAC being majority Latinx.

Alameda County Health presented on upcoming initiatives that are detailed in Appendix A.

CPAG members shared important issues they wanted to discuss within the buckets of Community Health, Behavioral Health, Homelessness, and Cross-Cutting Topics. Themes included:

- Cross-system infrastructure, communication, and information/data sharing for care coordination
- Navigating federal political and administration changes

- Recruiting, training, and retaining workforce
- Evaluating impact of systems and policy change
- Shared system- and community-level planning, coordination, and prioritization funding

Meeting 2: Community Health

Meeting 2 started with presentations from: Alameda County Health Public Health Department's Dr. George Ayala, Evette Brandon, and Carolina Guzman; Alameda Alliance for Health's Dr. Donna Carey; HealthPAC's Danice Cook; Alameda Health System's Tangerine Brigham, and Community Health Center Network's Andie Martinez Patterson.

Alameda County Health Public Health Department presented on the Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP). Public Health partners closely with residents, community partners, and Alameda Alliance for Health and Kaiser on development of their CHNA/CHIP, which entail multi-year planning and implementation cycles. The CHNA takes a comprehensive look at the health of Alameda County residents by studying a combination of social determinants of health and specific health outcomes of individuals, neighborhoods, and populations. The CHIP is an action-oriented plan that addresses the most significant health issues identified through an extensive assessment of socio-economic and health status data.

Alameda Alliance for Health presented on the state's Population Health Management initiative, which requires Managed Care Plans (MCPs) to:

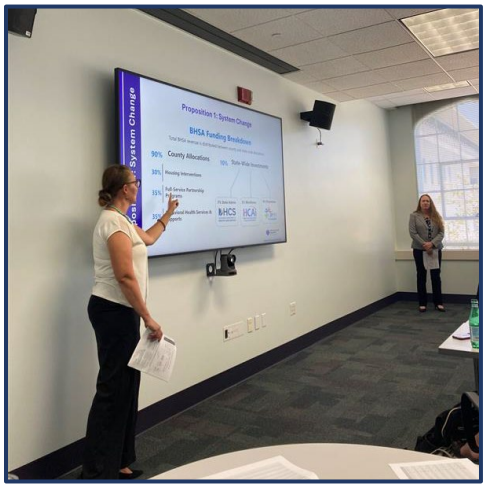
- Gather, share, and assess timely and accurate data on member preferences and needs to identify efficient and effective opportunities for intervention through data-driven risk stratification processes, predictive analytics, identification of gaps in care, and standardized assessment processes.
- Focus on upstream approaches that link to public health and social services and support members staying healthy through wellness and prevention services.
- Provide care management, care coordination, and care transitions across delivery systems, settings, and life circumstances.
- Identify and mitigate social drivers of health to reduce disparities.

HealthPAC has a long history of supporting the local safety net infrastructure to meet the County's indigent care obligations, as well as to ensure access to primary, specialty, ancillary, inpatient, and

emergency care for low-income uninsured residents. Presenters also shared the ways that HealthPAC has been used for quality care improvement and system transformations at Federally-Qualified Health Centers and Alameda Health System.

Meeting 3: Behavioral Health

Meeting 3 included presentations by: Alameda County Health Behavioral Health Department's Dr. Karyn Tribble, Vanessa Baker, and Tracy Hazelton; Behavioral Health Collaborative's Matthew Madaus; and Building Opportunities for Self-Sufficiency's Donald Frazier.



Alameda County Health Behavioral Health Department provided an overview of its internal organization structure and the key initiatives they are tracking, including CalAIM, BHSA Implementation (Prop 1), CARE Court Planning & System Coordination, Opioid Settlement Planning System Coordination, Departmental Strategic Planning, SmartCare Billing Implementation, Child & Youth Service Coordination and Regulatory Change Initiatives, Peer Certification (SB 803), Lanterman-Petris-Short (LPS) Legislative Change (SB 43), Forensic Services System Redesign, Health Equity Initiatives, and Alameda County Settlement Implementation.

The Behavioral Health department provided an overview of the new Behavioral Health Services Act (also known as Prop 1). This new policy will require a shift of services and funding to people with the most acute need and increased coordination between behavioral health, homelessness, and Managed Care Plans.

Matthew Madaus presented on the role of the Behavioral Health Collaborative as an organizing entity across multiple providers and the gaps these organizations have identified. His presentation included recommendations to address these gaps, including:

- Creating venues for more coordination across organizations
- Prioritizing improved data exchange between sectors
- Maximize funding using state, federal, Medi-Cal, matching, and MHSA funds
- Redesigning contracts to allow for coordination

Lastly, Donald Frazier presented a holistic model of support for people that includes vocational services, health and mental health supports, and builds community resilience by investing in

trusted messengers and community leaders. Video provides an overview of the program, which currently focuses on African American neighborhoods in West and East Oakland.

Meeting 4: Housing and Homelessness

Meeting 4 included a presentation by Alameda County Health Housing & Homelessness Services' Jonathan Russell, Jeanette Rodriguez, Lucy Kasdin, and Suzanne Warner and a panel with Bay Area Community Services' Jamie Almanza, La Familia's Aaron Ortiz, and Satellite Affordable Housing Associates' Cristi Ritschel.

Housing and Homelessness Services (H&H) provided context on the history of H&H and an overview of organizational structure and priorities of the department. These priorities include:

- Fund and launch coordinated strategies for homelessness prevention
- Target strategies to prevent returns to homelessness
- Identify dedicated funding sources to expand availability of permanent housing
- Advocate for new and recurring funding to maintain existing programs and develop new ones
- Continue to build capacity and strengthen coordination among key partners

The H&H team also shared the Home Together 2026 Community Plan and provided data on the current landscape of housing and homelessness, emphasizing that despite an increase in number of people housed, there are more people entering the homelessness system. Homelessness continues to disproportionately impact Black and Indigenous communities, where Black households comprise just 10% of the general population, but 55% of those newly experiencing homelessness. The H&H team shared that reliable funding is needed to maintain existing inventory and to significantly grow new inventory over time.

The meeting closed with a panel of providers from Bay Area Community Services (BACS), La Familia, and Satellite Affordable Housing Associates (SAHA). The panel spoke about their experiences with cross sector partnerships, navigating the complex funding landscape, and opportunities, challenges, and priorities for each organization. Panelist spoke about:

- Cross-sector partnerships
    - Partnerships have been helpful in reducing barriers, adding capacity, and coordinating care.
    - System needs better infrastructure to fund, support, and coordinate partnerships to make them really impactful for the community.
    - Relationship with Medi-Cal managed care plans is new—CalAIM is creating more opportunities and pathways to work with health plans.
    - Health plans need more education/training on new populations and providers need more training on health plan processes and definitions (PMPM, capitation, etc.)
    - Should leverage private philanthropy to incubate and innovate, but then shift to policy to have regular funding.

- Navigating funding
    - Provider organizations need infrastructure to administer and access funding (ex. 10% match and sufficient cash flow).
    - Increasing number of funding streams increases overhead, delays, and operational/administrative challenges.
    - CalAIM is a new funding stream with a steep learning curve and needs additional resources to administer (billing, data, etc.)

    - Small contracts take a lot of money and resources administer—sometimes more than the contract itself.
- Opportunities, challenges, and priorities for each organization
    - Every organization has a core competency. Alameda County has patchwork of organizations that that share clients–need to develop strategies to leverage the entire system and problem solve together.

Meeting 5: Recap & Prioritization

Meeting 5 opened with a presentation by Alameda County Health's Aneeka Chaudhry, who provided an overview of the five meetings. The meeting then moved to various activities, including visioning of the future, brainstorming and prioritizing next steps, and mapping system strengths and gaps.

CPAG members were asked what does their ideal system look like in the next 3-5 years? This word cloud was generated from their responses:

CPAG members identified ideas that can improve health equity, especially in the areas of access to care, coordinated service delivery, data exchange, optimizing funding and contracting, partnerships within and across sectors, and workforce. The highest voted actionable steps included:

- Develop a **multi-sector effort committed to eliminating specific health disparities** (ex: homelessness, SUD, and focus on African American/Black health)
- Create a system and process to enable easy **cross-sector referrals** for clients
- Implement countywide strategies to **support workforce recruitment and retention**, including increasing wages, insurance subsidies, wellness incentives, and opportunities for training and advancement
- Leverage **shared infrastructure and cross-system applications** to streamline data entry, Medi-Cal billing, care coordination, and prioritize client privacy
- Develop more **streamlined reporting and contract coordination** across Alameda County Health

See details in Appendix C.

CPAG members mapped system strengths and gaps across community health, behavioral health, and homelessness systems. The below themes arose as strengths and gaps across the systems:

- **Strengths** included: data exchange infrastructure (SHIE/CHR), relationships with community partners and managed care, strong departments with deep expertise, data exchange infrastructure (SHIE/CHR), collaboration/strong relationships with community partners, and coordination of resources
- **Gaps** included: workforce recruitment and retention, countywide process for managing data sharing, funding limitations (unsustainable/lack of ongoing funding, low rates, and administration related to funding), coordination of resources across siloes (city, county, state, federal)

See details in Appendix B.

Appendices

Appendix A: Summary of Current and Upcoming System Initiatives

HealthPAC (Health Program of Alameda County) (2011- current)

- Provides care for the uninsured
- Fulfills obligation that all California counties provide care for the uninsured (Section 17000, Welfare and Institutions Code)
- *Priorities:* Access to care for low-income people without insurance options and improving health outcomes

Community Health Improvement Plan (CHIP) (2023-25, + 3-year cycle)

- Long-term Public Health effort to improve the health of Alameda County's communities
- Framework for community health priorities, bridging safety net and population health
- *Priorities:* Access to care, including physical, dental, and behavioral health; economic security and opportunity; and community and individuals free from violence

Medi-Cal Population Health Management (PHM) (2023-ongoing)

- Statewide approach to promote health equity and ensure Medi-Cal members have access to comprehensive services and supports, improved health outcomes
- *Priorities*: Improve whole person health for Medi-Cal enrollees, reduce health disparities, and make meaningful advances in quality

Behavioral Health Department Strategic Plan (2023-25)

- Roadmap to creating more equitable specialty behavioral health services for Medi-Cal members
- *Priorities*: Access, community expertise, housing programs, equitable care, re-entry and criminal justice, acceptable and equitable distribution of funds for MH/SUD

Behavioral Health Transformation (Prop 1) (Jan 2025-Jul 2026, +3 year cycle)

- Effective 2026, transitions the MHSA to BHSA and revises the distribution of funding to focus on people with serious mental illness & SUD, and housing, includes: Behavioral Health Infrastructure Bond Act (AB 531) and Behavioral Health Services Act (SB 326)
- *Priorities:* Inpatient supportive housing and residential treatment beds, permanent supportive housingoutpatient treatment slots, housing interventions, full service partnerships, behavioral health services & supports, and training and employment supports

Care First, Jails Last (CFJL) (2022-24)

- BOS resolution approved in 2021, CFJL Task Force issued recommendations in June 2024
- Calls for coordinated criminal justice, behavioral health, and wraparound services to reduce the number of people with mental illness, substance use, and co-occurring disorders in Santa Rita Jail
- *Priorities:* African American Resource Center; collaboration, case management, and reentry; community-based support; outreach & education; crisis services/5150 & treatment beds; diversion; funding & financial transparency; housing & residential facilities; staff training & professional development; and family supports

Home Together 2026 Community Plan (2022-26)

- Goals, strategies, and investments needed to dramatically reduce homelessness in Alameda County and combat racial disparities in homelessness by centering racial equity
- *Priorities:* Prevent Homelessness for our residents; connect people to shelter and needed resources; increase housing solutions; strengthen coordination, communication, and capacity

CalAIM (California Advancing and Innovating Medi-Cal) (2022-27)

- Set of initiatives referred to as "Medi-Cal Transformation": Behavioral Health, Community Supports, Dental, Enhanced Care Management, Integrated Care for Dual Eligible Members, Justice-Involved, Population Health Management, Statewide Managed Long-Term Care, and Supporting Health & Opportunity for Children and Families
- *Priorities:* Address physical and behavioral health needs; improve and integrate care; equity and justice; and collaboration to build healthier state

Social Health Information Exchange (SHIE) (2016-ongoing)

- Fosters the exchange of health and social services information among social service organizations and healthcare providers
- Supports AC Health and small CBOs with CalAIM implementation
- *Priorities:* Enhanced care coordination, improved health outcomes; efficiency and cost savings ; equity and social justice; and data-informed decision-making

Data Exchange Framework (DxF) (2022– ongoing)

- Statewide requirement to establish a single Data Sharing Agreement and common set of policies and procedures to govern and require the exchange of health information among health care entities and government agencies in California.
- *Priorities:* Advance health equity; make data available to drive decisions and outcomes; support whole person care; promote individual data access; reinforce data privacy and security ; adhere to data exchange standards; and ensure accountability

Appendix B: System Strengths and Gaps

CPAG members mapped system strengths and gaps across community health, behavioral health, and homelessness systems. The below themes arose as strengths, gaps, and opportunities across the systems:

Cross System Coordination

- System Strengths
    - Cross-sector data exchange infrastructure (SHIE/CHR) and data sharing
    - Coordinated planning
    - Regional focus on housing & homelessness
    - Shared language in some areas
    - Shared focus on equity
    - Close partnerships with managed care plans
- System Gaps
    - Sharing information in real time
    - Insufficient data infrastructure
    - Coordination of reporting across systems (behavioral health, managed care, homelessness, population health)
    - Disconnect across providers
    - Coordination of resources from client perspective
    - Siloes (city, county, state, federal)
    - Disparate needs across the county
- Opportunities
    - Strengthen cross-system data infrastructure to improve coordination of data sharing and reporting
    - Infrastructure to support provider, client, and resource coordination
    - County-wide processes for planning and communication to reduce silos address system needs

Workforce and Expertise

- System Strengths
    - County departments with deep expertise
    - Hires, trains, and supports community members and people with lived experience
- System Gaps

  - Workforce recruitment and retention
  - Connection with people with lived experiences and faith-based partners
- Opportunities
  - Countywide strategies to support workforce recruitment and retention, with a focus on community members and people with lived experience

Comprehensive Community-driven Delivery System

- System Strengths
  - Strong baseline of access to care at CHCN and AHS
  - Diversity of mobile, onsite, and wraparound services
  - Service delivery approach evolves to meet the needs of the community
  - Collaborative relationships with community, service providers, and resident organizers
- System Gaps
  - Disconnect between BH mild-moderate and moderate-severe systems of care
  - Non-hospital options for crisis situations
  - Insufficient mobile (health) care capacity
- Opportunities
  - Increased coordination and planning across system to gaps in service delivery

Funding and Administration

- System Gaps
  - Onerous reporting requirements
  - Resources/funding are not increasing with need
  - Ongoing, sustainable, flexible funding

Appendix C: Actionable Ideas to Advance System Priorities

CPAG members were asked to brainstorm actionable next steps to advance system priorities. Ideas spanned the areas of health equity, access to care, coordinated service delivery, data exchange, optimized funding and contracting, partnerships within and across sectors, and workforce. The group was asked to consider a three- to five-year horizon when prioritizing among the ideas. These five ideas were prioritized by the most CPAG members:

- **Develop a multi-sector effort committed to eliminating specific health disparities (ex: homelessness, SUD, and focus on African American/Black health).**
  This action would create a coordinating framework for multiple sectors to collaborate on a shared goal, making it easier to track impact and develop solutions with tangible benefits to clients. This action would require different aspects of the system to agree on definitions, metrics, and milestones, and would offer a valuable approach to addressing long-standing, known disparities. Specific ideas for consideration include a focus on the health of Black men, or a focus on service coordination for unhoused people with complex health needs.

- **Create systems and processes to enable easy cross-sector referrals for clients.**
  Cross-agency referrals ensure that clients are connected to services in a timely manner. However, disparate referral processes and insufficient connections across provider communities pose barriers. While the State is pushing for closed-loop referral tracking, there is inconsistency across health plans, and providers face barriers due to cost, technology availability, and other operational factors.

- **Implement countywide strategies to support workforce recruitment and retention, including increasing wages, insurance subsidies, wellness incentives, and opportunities for training and advancement.**
  Workforce challenges persist across sectors, and the system needs an infusion of supports and incentives for employees to choose to work for organizations in Alameda County. While some elements, such as wages and insurance are limited by funding, other opportunities, like Community Health Worker reimbursement, are limited by unclear guidance and insufficient training and billing infrastructure.

- **Leverage shared infrastructure and cross-system applications to streamline data entry, Medi-Cal billing, care coordination, and prioritize client privacy.**
  A coordinated data sharing infrastructure, such as the Social Health Information Exchange (SHIE), has potential to improve client outcomes, support compliance with state data sharing mandates, and help smaller organizations build capacity for billing. Focused efforts on data sharing agreements and shared platforms can help to overcome barriers posed by cost and multiple regulatory requirements.

- **Develop more streamlined reporting and contract coordination across Alameda County Health.**
  Many providers have multiple contracts with Alameda County Health and these contracts have different requirements. Increased contracting coordination would reduce administrative burden on providers.

Other actionable steps surfaced during the brainstorming session include:

- Prioritize positive health outcomes for Black residents.
- Create an ongoing meeting to ensure cross-sector collaboration and policy updates are shared.
- Utilize the Community Health Improvement Plan (CHIP) to prioritize grants and funding.
- Support grants cover infrastructure and administration costs for CBOs.
- Advocate for lower professional requirements (e.g. Community Health Worker) to increase Medi-Cal reimbursable staffing pool available to treat clients.
- Increase community housing providers' voice in Housing Support Program contracting.
- Identify one system for electronic health records, referrals, and data sharing.
- Prioritize clients' community resources, such as family and friends, during treatment.
- Co-locate case managers and service providers to allow for increased collaboration.

Appendix D: Community Provider Advisory Group (CPAG) Members

- Board of Supervisors, District 5
  - Keith Carson *(CPAG Co-Chair)*
  - Amy Shrago
- Alameda County Health
  - Colleen Chawla *(CPAG Co-Chair)*
  - Aneeka Chaudhry
  - Dr. Kathleen Clanon
  - Dr. Karyn Tribble
  - Kimi Watkins-Tartt
  - Jonathan Russell
- FQHCs
  - Community Health Center Network
  - Andie Martinez Patterson
  - Safety Net Health System
  - Alameda Health System
  - James Jackson
  - Independent Clinic
  - Roots Health Center
  - Dr. Noha Aboelata
  - Unincorporated
- Resources for Community Development
  - Ana Rasquiza
- Medi-Cal Managed Care Health Plans
  - Alameda Alliance for Health
    - Matthew Woodruff
  - Kaiser Permanente
    - Vanessa Davis
- Public Health
  - CalPEP
    - Lisa Ryan
  - TriValley NonProfit Alliance
    - Kathy Young
  - Building Opportunities for Self-Sufficiency
    - Donald Frazier
- Behavioral Health
  - Behavioral Health Collaborative of Alameda County
    - Matthew Maddaus
  - Crisis Support Services (988)
    - Narges Dillon
  - La Familia

        - Aaron Ortiz
- Housing & Homelessness
    - Bay Area Community Services
        - Jamie Almanza
    - Great Expectations
        - Dr. Chika Ugbaja
    - Satellite Affordable Housing Associates
        - Cristi Ritschel